

simultaneously save Medicare substantial amounts of money.

An ESRD patient can choose either transplantation or dialysis. Without these measures, kidney failure is lethal. Dialysis, a mechanical cleansing of the blood, is disruptive to an individual's lifestyle and negatively impacts on one's quality of life. The work force is diminished daily as patients learn that they must begin dialysis treatment. In fact a recent study found that only 11 percent of the interviewed patients were employed. If we focused our energies on delaying the day which a patient must accept the burden of dialysis, we could realize a cost savings and improve the patient's quality of life.

As a result of the evidence before us, I am today introducing legislation to require the Medicare agency to conduct a 3-year demonstration program to quantify the cost and benefits associated with identifying patients who are approaching renal failure, providing a range of services to them, and thus effectively delaying the onset of complete renal failure. The demonstration will attempt to determine whether the savings from a prevention program, including improvement in quality of life measurements and job retention, exceed the cost of the preventive services themselves.

The prevention of progression to renal failure should be the primary focus when constructing treatment goals for patients with renal disease. While all the preventive measures that will consistently produce an increase in survival are as yet undetermined, there is a wealth of evidence that many patients can be effectively managed so as to delay the day that dialysis is needed to survive. I feel that the medical community knows enough about such preventive strategies and the patient populations that would most benefit from them to explore the idea of extending the Medicare ESRD benefit package to these patients prior to dialysis.

A recent NIH consensus panel concluded that because comorbid factors affecting the outcome of renal disease are present prior to the onset of renal failure, patients should be referred to a renal team for evaluation before dialysis begins. This team should consist of a physician, nurse, social worker, dietitian, and mental health professional and focus on the reduction in mortality and morbidity of the patient. There should be an interest in controlling hypertension and diabetes, reducing cardiovascular risk factors, correcting metabolic, endocrinologic, and hematologic abnormalities, treating underlying illnesses, evaluating and modifying psychological and social stressors, and setting nutritional parameters.

More specific guidelines for the prevention of progression to renal failure that can be undertaken encompass the following: First, encouraging smoking cessation, reducing obesity, increasing aerobic exercise, reducing the intake of fat and cholesterol, correcting anemia, monitoring calcium and phosphorous; second, implementing the most recent American Diabetic Association guidelines for strict management of diabetes; third, reducing exposure to environmental toxins including analgesic abuse, lead poisoning, and other nephrotoxins; fourth, managing hypertension through prescription of angiotensin converting enzyme inhibitors and calcium channel blockers preferentially; fifth, regulating diet to maintain normal acid-base balance and

intravascular fluid volume; and sixth, evaluating and correcting malnutrition.

Diabetes is the No. 1 cause of renal failure in the United States. Approximately 25-35 percent of new ESRD patients have diabetes as the underlying etiology. Greater than 65 percent of all ESRD is due to diabetes and hypertension combined. The intensive management of both hypertension and diabetes has the benefit of reducing the time to the onset of dialysis. Although the progression to ESRD is rare in people with hypertension, there is the paradox of its continuing increase despite improvements in blood pressure control in the general population and reduction in mortality from other complications associated with hypertension. Cardiovascular mortality accounts for approximately 50 percent of deaths in patients receiving dialysis, highlighting the need for control of risk factors such as hypertension, smoking, anemia, obesity, and lipid abnormalities.

Furthermore, the racial differences manifested in the increased risk of hypertension-related ESRD for blacks, and the excess risk of ESRD for low income, poorly educated blacks and whites must stimulate new evaluation of these problems. The correlation between lower socioeconomic status and ESRD has been examined, with several inter-related factors possibly playing a role, including: lack of appropriate access to health care, lack of a primary care physician, lack of insurance, and non-compliance with a treatment regimen. Further examination of the relationship between hypertension, renal disease, and the inter-related factors must be undertaken in order to develop and implement viable treatment regimens that will have lasting effects.

The patients in the ESRD Program have not only suffered through the tremendous burden of kidney failure, but their quality of life is further worsened by factors that can be corrected. The medical community needs to identify patients with renal disease prior to the onset of renal failure in order to reduce the burden of dialysis, thereby allowing these patients to remain viable members of the work force. The benefits of weight loss, regulation of fat intake, and reduction of stress have all become commonplace in the layperson's repertoire of medical knowledge. Strict control of diabetes, hypertension, diet, and psychological stressors can also have a real benefit for patients with kidney disease in reducing the onset of renal failure, subsequently improving the quality of life, and ultimately retrieving some patients from the brink of dialysis.

#### RISK ASSESSMENT/COST BENEFIT ANALYSIS

### HON. RON PACKARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 27, 1995*

Mr. PACKARD. Mr. Speaker, Republicans continue to move forward with their agenda for a smaller, less costly, less intrusive government. Last week House Republicans took the first step in rolling back the regulatory tide. Passage of the Regulatory Transition Act gives the American taxpayers a time out from the crushing regulatory load. Now we must work for long term regulatory reform.

The regulatory reform provision within our contract with America introduces common-

sense approaches that will assist Federal agencies in prioritizing regulatory decisions—ensuring that limited public resources are targeted to the greatest needs our Republican proposal favors cost effective regulation to address real risks.

All regulatory agencies must use risk assessment, sound science, and cost-benefit analysis for all regulations. Federal agencies must check to see if the regulation makes sense before taxpayers bear the costly burden, each year Government regulations cost approximately \$600 billion.

The Republican commonsense approach to regulatory reform works for a smaller, less costly, and less intrusive Government risk assessment and cost benefit analysis will force the Federal Government to be accountable for their actions. The American people deserve to know that their tax dollars will be used wisely to serve their needs, not the needs of the Federal Government.

#### TRIBUTE TO ROBERT WAGNER

### HON. CARLOS J. MOORHEAD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 27, 1995*

Mr. MOORHEAD. Mr. Speaker, I rise today to salute Mr. Robert Wagner, an outstanding resident of my congressional district. I have been privileged to become acquainted with Mr. Wagner over the years through his many community activities and through his strong interest in public policy.

A veteran of World War II, Mr. Wagner served honorably from 1940 until 1945. After graduating from Georgetown University's School of Foreign Service in 1948, he launched a successful business career in south Pasadena. Mr. Wagner's loyalty to his alma mater continued, however, and he was honored by Georgetown for his many consistent years of alumni service.

Mr. Wagner has demonstrated tireless service on behalf of senior citizens and is, in fact, my appointee to the 1995 White House Conference on Aging. He has been a senior senator in the California Senior Legislature since 1988. This work earned him a Distinguished Public Service Proclamation from the mayor of South Pasadena. Mr. Wagner is retiring from the Senior Legislature this year where I am sure he will be missed.

In addition, he has somehow found time to contribute his energies to various civic and humanitarian organizations in and around South Pasadena. These efforts have not gone without notice. Mr. Wagner has been the recipient of the YMCA Service to Youth, award, the Rotary Club Merit Award, a Certificate of Appreciation from the University of Southern California, and the Los Angeles County Board of Supervisors Award for distinguished public service.

Robert Wagner offers proof that one dedicated citizen can make a positive impact on the community in which he or she lives. I am glad to take a moment to publicly recognize his many years of volunteer service and devotion to those around him. We certainly wish Robert, his wife Bernice, and their three children the best.